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Greater Manchester Violence Reduction Unit

The hospital-based Navigator programme

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Alex's Story

Alex is 15 years old and is brought into A&E after he collapses outside a local shop. A large knife is found concealed in his clothing. On meeting the Navigator, he states that he is fine and doesn't need any support. Alex finds it difficult to hold a coherent conversation, which medical staff believe is due to him being under the influence of a substance. The police confiscate the knife, a safeguarding referral is made to Children's Social Care, and he is deemed medically fit to leave and returns home with his family.

The next morning the Navigator team receive a text from the family asking for help. Alex's behaviour has become more erratic and concerning. The family would like a mental health assessment as they believe that he needs constant supervision. They request that the Navigator sets this up for them. A referral is made through the GP for an assessment from the community mental health team and Social Care are contacted to update them about these concerns. The family are advised, by Social Care, to return to A&E for a mental health assessment as there is not enough capacity to send someone out to meet them. Social Care also advise that they are reviewing the referral but feel that Alex's support needs are best met through health services. At A&E the situation escalates, and Alex absconds, resulting in the police and security being called to locate Alex as he is deemed at risk.

The Navigator team learn that 6 months earlier, Alex was stabbed in his chest. More recently, he witnessed the murder of a friend. Alex's family report that he has become withdrawn. He does not work with any support agencies due to his unwillingness to engage with them. He hangs out with a group of older males known to be involved in criminal activity and regularly smokes cannabis. His family believes that he may use other substances. Alex was issued with a Threat to Life Notice 6 months ago.

The Navigators, and medical colleagues, advocate for Alex and his family to ensure that his vulnerabilities are being considered by Social Care. A strategy meeting is called in which Social Care detail their decision to close the case as Alex's needs are deemed best met through other services. This decision is challenged by the Navigators, and it is agreed that the case meets the S47 threshold. Alex asks the safeguarding nurse where the support was when he needed it 6 months ago. The Navigator supports the family and tries to engage with Alex, recognising that he has a deep distrust of services, and that this relationship will not come easily. The most important thing is that Alex knows there is a service there and how to access it as and when he is ready.

The Greater Manchester hospital-based Navigator programme

Introduction

In December 2020, the Greater Manchester Violence Reduction Unit commissioned a hospital-based Navigator violence reduction pilot programme in four hospitals. It was established with reference to the remit guiding the Violence Reduction Unit and informed by recognition of the (perceived) large number of young people in Greater Manchester presenting at emergency departments with violence-related injuries and of the promise offered by hospital-based violence interventions to redress this problem. The programme was designed with reference to pre-existing (national and international) hospital-based violence interventions and delivered by an organisation (Oasis) with experience of this type of intervention. The programme became operational in May 2021 and has been recommissioned until March 2025. It seeks to support those young people (aged 10-25) who attend or have been admitted to an adult or paediatric Emergency department or hospital ward with injuries resulting from violence. It aims, through offering support at a '*teachable moment*', to help young people to cope with and recover from their experiences, to prevent retaliation, the escalation of violence and / or repeat victimisation, and to reduce exploitation. Where on-going needs are identified, the programme endeavours to refer young people to appropriate community services in GM, continuing to engage with young people after they leave hospital.

Evaluation

This report provides an account of the evaluation of the Greater Manchester hospital-based Navigator programme in its first two years of operation. The report presents the key findings of the evaluation. It begins by assessing the demand for, and preliminary outcomes of, the programme. It draws on client data to do so. Then, informed by interviews with both programme stakeholders and Navigators, the report progresses to detail perceptions of what worked well and what might be improved in the delivery of the programme. The report concludes by presenting a set of recommendations.

The Navigator programme

Following admittance to a hospital emergency department, or in some instances whilst on a hospital ward, the young person is triaged by hospital staff and a decision is made regarding their suitability for inclusion in the intervention. This is based on the following criteria: they are not under statutory safeguarding processes, which require to be completed to a satisfactory point prior to a referral; they are aged between 10 and 25; they have presented with injuries from a violent encounter; and permission is granted by the young person (and / or parent) to make a referral.

The Navigator may be on-site, enabling immediate engagement or a follow-up contact will be arranged in the Hospital or upon discharge. The Navigator will meet with the young person and provide both support and advocacy. At this point, the Navigator will seek the consent of young person

(or their parents / guardians) to participate in the broader programme. If consent is granted, a baseline assessment is undertaken. The key intention of the assessment is to identify community-based interventions that serve to meet the young person's needs. If these can be successfully identified, the young person will be referred to a helping agency. In many cases, at least in the first instance, young people do not provide consent to participate in the programme. In these instances, the Navigators provide informal support and advocacy but do not progress to make any formal assessment. The Navigator will continue to work with the young person, providing advocacy and mentoring for a period of two to six weeks dependent upon the specific needs of the young person. A young person may make the decision to disengage with the Navigator programme at any point in time.

In the Summer of 2022, the programme was extended to include a community Navigator service. The extended commission was made in recognition of the fact that the existing hospital-based programme demanded ongoing community work with young people, once they were discharged from hospital. Through time, young people were also referred directly to the community service. This report does not provide an account of the community service, save for its interaction with the hospital-based programme. To cope with the volume of referrals an allocation system adopting a traffic light system was established. Young people assessed as "red" or "amber", an indication of the severity and complexity of their needs, receive priority attention. Nevertheless, given the volume of demand, the Navigator programme has been required to establish a waiting list for potential clients.

The demand for, and preliminary outcomes of, the programme

Over its first two years of operation, the Navigator programme received 637 referrals. Over four fifths of these were made because of a young person attending the hospital with a violence-related injury. Almost three quarters of referrals were male, and most referrals were aged between 13 and 17 years old. Just under half of referrals were of White ethnicity, however, there were many referrals for which the ethnicity of the young person was either not given or recorded. 276 unique participants received initial contact conversations (conversations where the service was offered) with a Navigator. 276 (43.3%) of the 637 referrals were received into the service. 56.7% of young people were uncontactable at this stage, even after multiple contact attempts. Of the 276 young people received into the service, 214 (77.5%) went on to receive one to one support and 269 (97.4%) had recorded professional sessions where the Navigator would have been involved with professionals and/parents in relation to the case.

Of the 276 young people received into the programme, around one-quarter (n=75 participants, 27.2%) completed a baseline questionnaire, consisting of three sections: lifestyles, feelings of safety and support; recent experiences of violence; and mental wellbeing (using the Warwick-Edinburgh Mental Wellbeing Scales (SWEMWEBS))[1]. At the point of referral, the Navigators also conducted a risk assessment of the young person based on three criteria: risk of harm from others; risk of harm to others; and risk of harm to self. These two sets of data (i.e., baseline assessment questionnaire and Navigator risk assessment) were combined by the Navigator team to calculate an Overall Case Risk of a particular young person. The number of young people for whom a baseline questionnaire and risk

[1] Warwick-Edinburgh Mental Wellbeing Survey (https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/)

assessment were completed was lower than originally anticipated or hoped for. A large proportion of those young people referred to the programme did not enrol for formal engagement, even though they received advocacy and support to meet their needs. The same questionnaire was also completed with young people at the point they exited the programme. Comparison of the findings of these questionnaires enables the assessment of the *distance travelled* by participants during their engagement with the programme. A relatively small number of young people (n=51 participants) completed the exit questionnaire.

Risk assessment

The Navigator staff completed a risk assessment for 73 young people. Figure 1, below, illustrates the findings of this exercise broken down by the individual questions comprising the assessment. Cumulatively, merging the responses to all four questions, the Navigators determined that 18 cases (24.6%) presented a medium overall case risk, with the remaining 55 cases (75.4%) presenting a low overall case risk.

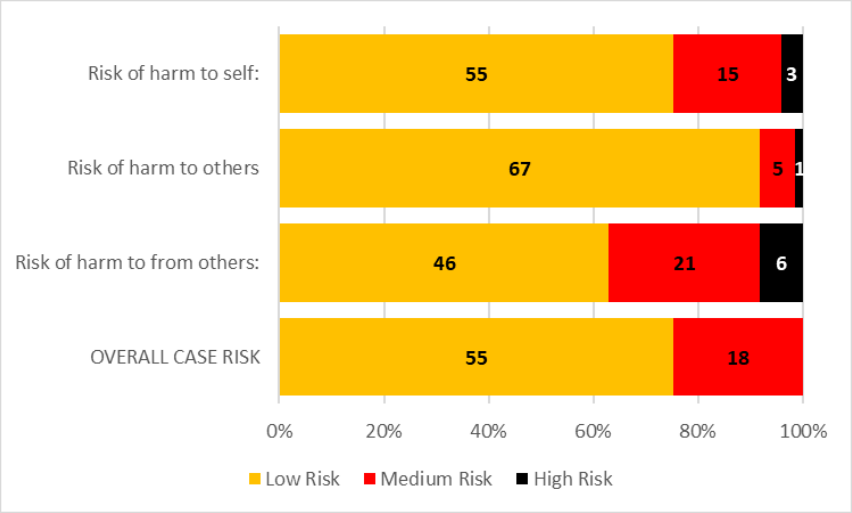

Figure 1: Distribution of baseline Risk Assessment responses

Lifestyle, feelings of safety and support

Figure 2, below, illustrates the mean difference between the response scores (based on a 10-point scale, ranging from completely disagree (1) to completely agree (10)), for the 51 individuals who completed the lifestyle questions in both the baseline and exit questionnaires. The baseline questionnaire identified that young people feel safer at home (mean score of 8.9) than when they are out in their local area (mean score of 6.8); young people feel supported by their family (mean score of 8.5) and can ask their family or friends for help (mean score of 8.4); and, though the mean scores are lower, trust that services can keep them safe (mean score of 8.0) and believe that they could ask professions for help if they needed it (mean score of 7.3). Comparing the findings of the baseline and exit questionnaires, the pattern of responses remains similar. However, and in all cases, there are improvements in the mean score. These findings are statistically significant. The largest mean difference change (1.45) occurred with reference to the statement *'I feel safe at school/college/university/where I work'*, and the second largest mean difference change (1.35) occurred with reference to the statement *'I could ask professionals for help if I needed it (e.g., teachers, social workers, youth workers)'*.

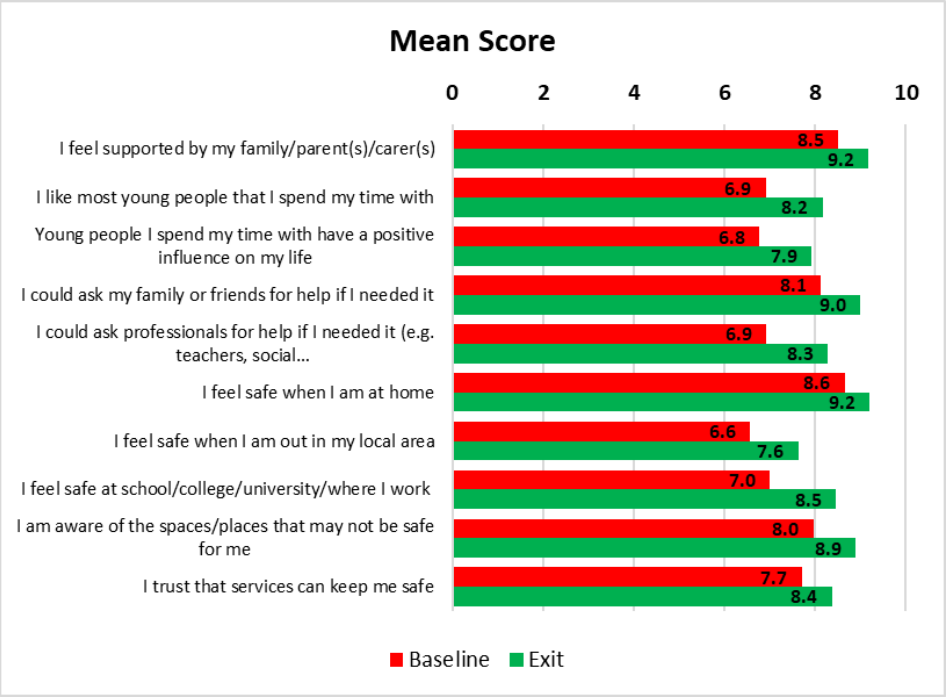

Figure 2: Mean difference between the response scores for lifestyle questions

Recent experiences of violence

Figure 3, below, illustrates the mean difference in the response scores, generated between the baseline and exit assessments, of the young person's recent experiences of violence. The responses were scored 1 (Often), 2 (Sometimes), 3 (Rarely) and 4 (Never). Therefore, a higher mean score represents a reduction in the young person's experience of violence. In overview, it is evident that programme participants experienced a reduction in their experience of violence following their engagement with the programme.

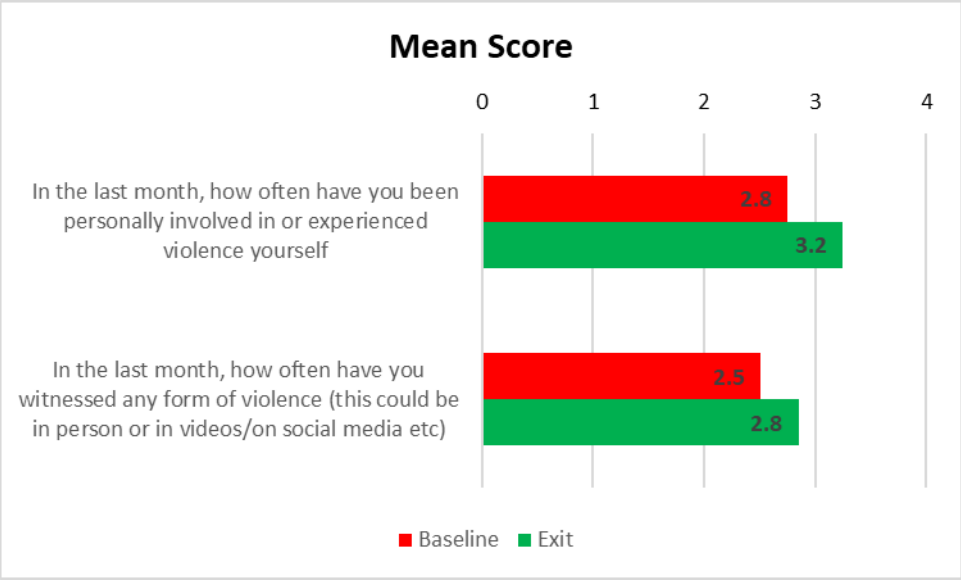

Figure 3: Mean difference between response scores to experience of violence

Warwick-Edinburgh Mental Wellbeing Scales (SWEMWEBS)

Figure 4, below, illustrates the mean baseline and exit assessment scores (based on a 5-point scale, ranging from: none of the time (1); rarely (2); some of the time (3); often (4); or all of the time (5)), for the 51 individuals who completed both assessments. From these data, on average, respondents reported improvements in their well-being (i.e., across all the questions probed) following their engagement with the programme. All improvements were statistically significant. Specifically, the statements '*I've been feeling close to people'* and 'I've been feeling relaxed' evidenced the largest mean difference changes (0.78 and 0.77 respectively), whilst the statement *'I've been dealing with problems well'* evidenced the lowest mean difference change of 0.58.

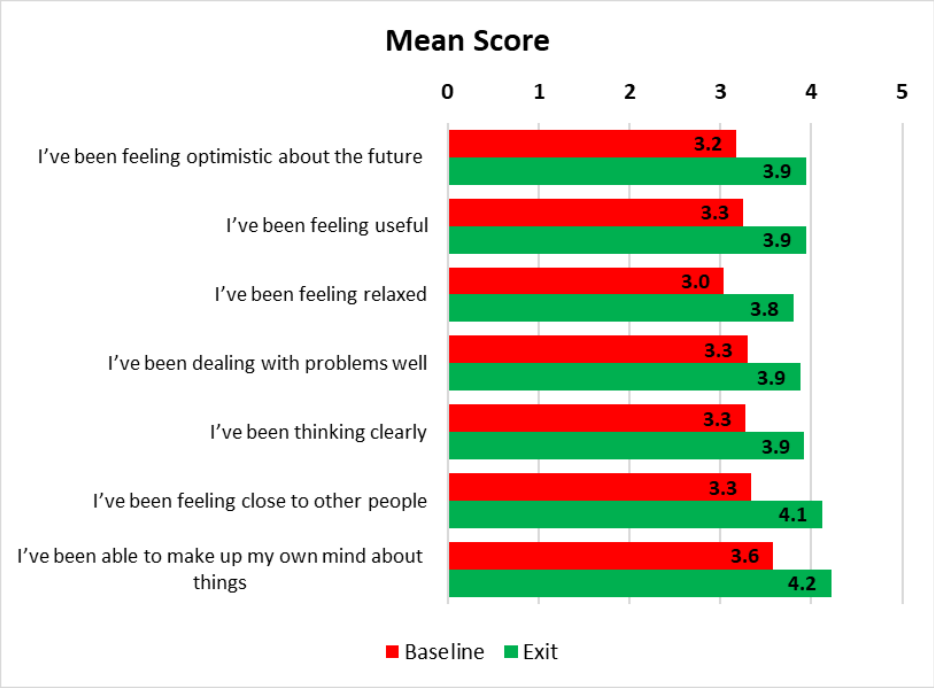

Figure 4: Mean difference between response scores to SWEMWBS

Limitations

The evaluation found numerous challenges to the assessment of the demand for, and preliminary outcomes of, the programme. First, the available hospital admissions data made it difficult to gauge the potential volume of demand (i.e., young people eligible to join the programme). Data quality was affected by both IT and resourcing issues across the hospitals. The data made available to the evaluation differ substantially from the TIIG (Trauma & Injury Intelligence Group) data provided by Liverpool John Moores University (LJMU) to the VRU. The use of Hospital Admissions data (not available to this evaluation) was suggested by stakeholders as a potential solution to this problem. Second, Navigators have been drawn in to providing extensive informal advocacy and one-off support on behalf of those young people who do not formally consent to enrol on the programme. This large group of young people are not identified in the programme's operational data management system. This proves a barrier to determining the overall need for and efficacy of the programme. Third, and unfortunately, the Navigator programme has not been able to undertake follow-up assessments of young people (at 6 months) as was originally intended.

Stakeholder perspectives

Interviews were undertaken with key stakeholders, such as hospital clinicians, engaged in both the design and delivery of the Navigator programme. The interviews generated valuable insight of the need for the programme, its efficiency and effectiveness, as well as how it might be further enhanced. Stakeholders regard the programme as meeting a pressing need, supporting a significant number of vulnerable young people with complex needs, as well as helping them to engage with medical staff. Hospital staff do not have enough time to engage with young people, beyond addressing their medical needs. The programme provides these staff with reassurance and confidence that the psychological impact of the violence-related trauma experienced by the young people is not being neglected.

"I'll fix their injuries but then there is also the ongoing safeguarding element to this…the Navigator project adds an extra layer of safeguarding that we probably didn't have before in this age group".

"…having a service that we can offer to those more vulnerable adolescents; I think has been invaluable! Normally we would just be sending them away without any follow up, so to know that we've got the Navigators who can follow them up…has been extraordinarily helpful."

The stakeholders perceive the presence of Navigators in hospital emergency departments to be vital. It is regarded as helping support an effective and smooth referral process, enhancing the likelihood that a young person will engage with the programme. The Navigators are also seen as being helpful, in signposting young people to other services, in cases when the referral criteria to the programme have not been met. The Navigators received praise for the way in which they have engaged with other agencies. An onsite presence is also regarded as promoting awareness of the programme amongst hospital staff, of which there tends to be a high turnover.

"When you have the Navigator within the department, they sit in the reception area, so they are right at the beginning of their [the young person's] journey…And I think that works really well."

"I think that it should be hospital based across the peak times. Because I think that's where we see the maximum benefit and I think they're a great addition to our team when they're there as well."

"It just requires a lot of manpower to try and remind new staff for about the presence of the project. Had we got [Navigator] staff regularly in the department, on the shop floor and visible to staff, that would be much easier, but because we don't, it requires myself and a few other keen people to keep reminding people of the presence of the service."

Stakeholders *perceive* the programme to be working, helping some young people to cease engagement in violent behaviours, whilst helping others to cope with their experiences of violence. However, they would also like to receive concrete feedback on the outcomes achieved by the young people who engaged with the programme, believing that this would also help promote the programme and encourage a higher level of referrals (including self-referrals). They also believe that vulnerabilities of the young people that they encounter require extending the engagement of Navigators beyond the current six-week period allowed by the programme.

Stakeholders recognise that access to patient data, whilst noting considerable improvements have been made, varies across hospital sites, and remains a barrier to the effective working of the programme.

"I think we need to break some of those barriers around health protectionism. I think around systems and access. Bear in mind it's patient data, but actually, these people are there to help our patients. And I think that's how we need to look at it."

Finally, stakeholders are concerned about the sustainability of the programme, once its current VRU funding comes to an end, arguing for the need to develop a strategy to ensure the longer-term sustainability (and expansion) of the programme.

"I think my worry is that somebody, sometime will suddenly decide that we don't need the money and we don't need the service and that it's all gone away."

Navigator perspectives

Interviews with the Navigator team probed their views of the development of the programme. At the start, Navigators worked with hospitals to establish relationships with key staff and to develop a referral system. Due to the diverse nature of the four pilot hospitals, unique referral processes were established in each. Navigators adapted to differing ways of working across the hospital sites and made a significant investment of time in communicating their role and the referral criteria of the programme. This was regarded as being vital given the turnover (and shift work) of clinicians. Working with clinicians, as they managed 'live' cases, the Navigators sought to promote awareness of the types of cases suitable for referral to the programme. They perceived that this helped to improve the appropriateness and rate of referrals to the programme.

"…we could…speak to the clinicians and say this person meets our criteria. Like they're in this age category, they live in this area, this is the type of violence that they've been a victim of, or at risk of… It's not just going in to give a presentation, saying these are the people that we look for, you are giving them an exact case as well."

The Navigators reported that a significant proportion young people referred to the programme did not formally to consent to enrolment in it. Because of this, the Navigators were drawn in to providing extensive informal advocacy and support. This large group of young people do not complete a baseline assessment, serving as a barrier to determining the overall need for the programme and the endeavour to demonstrate its efficacy.

The Navigators identified barriers to the effective working of the programme. They found obtaining honorary contracts (enabling them to wear a hospital ID card) to be a long process. Not possessing an ID card was perceived to undermine the trust of clinicians in Navigators and served to create a barrier to accessing patient data. Further, whilst a significant endeavour was made to embed the Navigator referral process into hospital IT systems, the installation of a new computer system by the Manchester University NHS Foundation Trust (which includes Manchester Royal Infirmary and the Royal

Manchester Children's Hospital) prevented automatic referrals to the Navigators being generated for a period. Whilst the high turnover of hospital staff was perceived to inhibit effective working, hospital staff who actively championed the programme were regarded as actively enhancing programme effectiveness.

"…because you had a person on the shop floor, that was such a strong champion, in it [the pilot] completely…in fact it was more powerful than having access to the EPR [Electronic Patient Record] system, and [they} worked so hard that those staff members really embraced us."

The Navigators now review the appropriateness of a referral (from either a hospital or community setting) before assigning the case to a specific worker for support. The consent of a young person to participate in the programme is now obtained at this stage, unless a Navigator is physically present at the hospital and obtains consent at that moment. The Navigators reported that, given the volume of referrals, there was often a waiting list of cases. Whilst clinicians would prefer the Navigators to be present at hospital sites, the Navigators noted that there were often significant periods of time not dedicated to supporting young people when they were present at hospitals. This is primarily due to the irregularity of presentations and referrals. In these terms, the Navigators do not perceive that being onsite, for an extended period, to be an effective use of their resource. Navigators prefer receiving referrals from the community. Moreover, and perceiving that the root of a young person's problems lies within their community setting, with the hospital presentation merely representing the culmination of these problems, Navigators perceive that an endeavour to identify and address the young person's problems earlier (i.e., in the community) has the prospect of being a more effective approach to violence prevention.

"We could go into a hospital, and they say that, 'It's been so busy for a while, but there's nobody for us!' Then we could go home, and they tell [us] later, that 'one person does come in."

"I think having the focus in community, you can help address the social issues as well…because [this is] where the issues are coming from, it's not the hospital."

Navigators stressed the significant volume of informal support offered to young people, believing that they respond more positively to a service that allows them to give their *consent* before participating in the programme. Navigators recognise that it takes time for some young people to 'be ready' to participate in the programme, that they require to be flexible and to empower young people to make their own decisions.

"[I] keep that power in their hands, and make them believe that, okay, well, 'now I'm like, I'm the boss, so if I need this, you can help me do that… this is what I need to do to live better, avoid this…and…you help me with that'. And then it's my job to go and do it, come back to them with options and results."

In most cases, the support provided takes place over a 6-week period. The complexity of cases requires persistence, resilience, being non-judgemental and open-minded. The Navigators found working with young people who have experienced significant trauma to be emotionally demanding. Finally, the Navigators acknowledge that the existing funding of the programme is of a short-term nature. They hope that the effectiveness of the programme, to be demonstrated by its ability to prevent hospital

admissions, crimes, or re-arrests will pave the way to receiving long-term funding. However, the Navigators recognise the significant challenge in obtaining the long-term outcome data necessary to demonstrate such effectiveness.

Recommendations

In overview, the evaluation found the Navigator programme to be well-received, to be meeting a substantial demand and to be **positive (and statistically significant improvements) in young peoples' lifestyles, feelings of safety and support, experiences of violence and mental well-being.** To further build upon these outcomes, the following recommendations are made.

- It is essential that a clear and consistent approach is developed to guide the presence of Navigators in hospitals and to balance this role alongside the other activities (i.e., work in the community) that Navigators perform.
- To provide an effective intervention, sufficient time must be allowed to enable Navigators to build a trusting relationship with a young person and to commence the address of their challenges. This requires being comprehensively budgeted. Engagement with a young person requires to extend beyond contact in hospital to include contact in community settings.
- Navigators should be given honorary hospital contracts, to enhance their acceptance by other staff in the hospital. Navigators should be granted access to hospital IT systems (subject to confidentiality and permissions) in a timely manner, so that they can independently generate referrals to the programme.
- It is necessary to improve the quality of data available for both operational and evaluation purposes. This will require new data capture procedures being established and others better funded. Hospital Admissions data (not available to the programme or evaluation) should be used to calculate consistent referral rates across participating hospitals. The Navigator team must improve the number of baseline and follow-up assessments undertaken with young people participating in the programme, as well as identifying the number of young people who do not (formally) engage with the programme. A data management strategy requires being developed to capture the onward referrals to helping agencies and a six-month follow up assessment of young people.
- An assessment should be made of the (potential) demand for, and uptake of, the programme arising from different referral routes and settings.
- A working group should be established to consider the merits of undertaking a comprehensive and robust impact evaluation. This will require the active engagement of the VRU commissioners, hospitals, Oasis (as the service provider), the police and the agencies to which young people are referred, as well as the service users (i.e., young people).